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STATISTICAL BULLETIN

METROPOLITAN LIFE INSURANCE COMPANY

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Youthful Cities and Cities of Elders

A CITY may be old and yet youthful. Reckoned from the date of its foundation, Rome, for example, is one of the oldest cities of Europe. Yet it is very youthful in the sense that it has a large proportion of young persons in its population. It is, in fact, even more youthful than our own commercial capital, New York, though this also must be reckoned among the more youthful of the capitals and great cities of the world.

The age composition of cities is different from and much more variable than that of countries as a whole. This is due to several causes, among them the fact that conditions of life and congestion in cities favor the restriction of the size of families. But the chief reason for the special character of the urban age distribution is the fact that migration to and from cities is usually much greater, in proportion to the permanent population, than emigration from and immigration into the larger national territories. In fact, while the growth of the country as a whole is determined, in all but exceptional cases, mainly by the excess of births over deaths, the so-called "natural increase," the growth of cities depends in large measure upon the drift into them of adults. Among the world's great capitals, Berlin and Vienna are not even self-maintaining, that is, their deathrate exceeds their birthrate. Paris, also, is very near the point where births are insufficient to replace deaths.

It is obvious that the influx of adults into the cities must have a marked effect upon their age distribution. Almost any example will serve to bring out this point. The proportion of persons comprised within the age group 0 to 24, in the United States as a whole, is 47.7 per cent.; that in the age group 25 and over is 52.3 per cent The corresponding figures for New York City are 43.0 per cent. and 57.0 per cent. Undoubtedly, much of the contrast between these two age distributions is due to the fact that adults migrate into New York City from other parts of the country. In part, however, the relative dearth of children and young adults in New York is due also to the fact that the birthrate of this city, as of large cities generally, falls below that for the country as a whole. Thus, in 1931, the birthrate in New York City was 16.3, somewhat less

than that for the birth registration states, namely, 17.8 per 1,000.

But, for a large city, New York has a relatively high birthrate, owing no doubt to the presence of a large element of foreign origin. And, in consequence, among great cities, New York is comparatively youthful, although it is surpassed by a few foreign cities with high birthrates. These facts are clearly apparent in the accompanying chart, which exhibits the age distribution of New York City, compared with certain of the world's great capitals and also with the United States as a whole. It will be seen that the age group 0 to 24 forms a slightly higher percentage of the total in London than in New York, while in Paris there is a very great deficiency in this age group. Berlin and Vienna show the same characteristics as Paris, while Rome, Sydney, Tokyo, and the United States as a whole, each have about double the proportion of children between the ages 0-9 as compared with Paris, Berlin, or Vienna. This, of course, is due to the low birthrates prevailing in the latter places.

The last two bars on the chart exhibit the age distribution in Tokyo, Japan, and Sydney, Australia. Sydney, it will be seen, is one of the most youthful of all the cities appearing in the chart. The proportion of persons 0-24 years old in the Australian capital is 45.0 per cent., as against New York's 43.0 per cent. and Rome's 48.7 per cent. But, in the age group 0-9, Sydney is very slightly superior even to Rome, though on the scale of the drawing this hardly shows. Sydney actually has 19.71 per cent. in this age group, as against Rome's 19.47 per cent. This is counting only the metropolitan area of Sydney. If the rural area is included, the two cities almost exactly tie in their score for the age group 0-19, with 38.96 per cent. for Sydney and 38.95 for Rome.

The graph for Tokyo is quite extraordinary. It shows a large contingent at the age group 15-24.

The figures on which the charts are based are shown in Table I. This also gives some additional detail for several American cities not appearing in the chart. Chicago and Philadelphia have age distributions resembling that of New York. Detroit is an even more youthful city, having a considerably higher proportion of children under ten years old, while Los Angeles runs to the opposite extreme. It is distinctly a "city of elders," with only 45.23 per cent. of the population under age 30, as against 53.02 per cent. in New York and 55.68 per cent. in Detroit. Table II exhibits, for the cities appearing in Table I, the corresponding birthrates and deathrates per 1,000 population.

Several features appearing in Table II deserve special mention. To the fact that Berlin and Vienna are not self-maintaining, attention has already been drawn. Paris, in 1929, also had its balance on the wrong side of the ledger. But Sydney stands out by its relatively high birthrate and its exceedingly

creditable deathrate of only 9.1 per thousand. It is true that its birthrate is showing an alarming decline, from 21.5 per thousand in 1929 to 18.6 in 1930, and to 16.3 in 1931, having thus reached by that time the same low level as New York. Tokyo and Rome have birthrates of over 23, a figure that looks large to us today, but that would have looked quite familiar, even in American experience, ten years ago.

TABLE I

Age Distribution of World Capitals and Great Cities

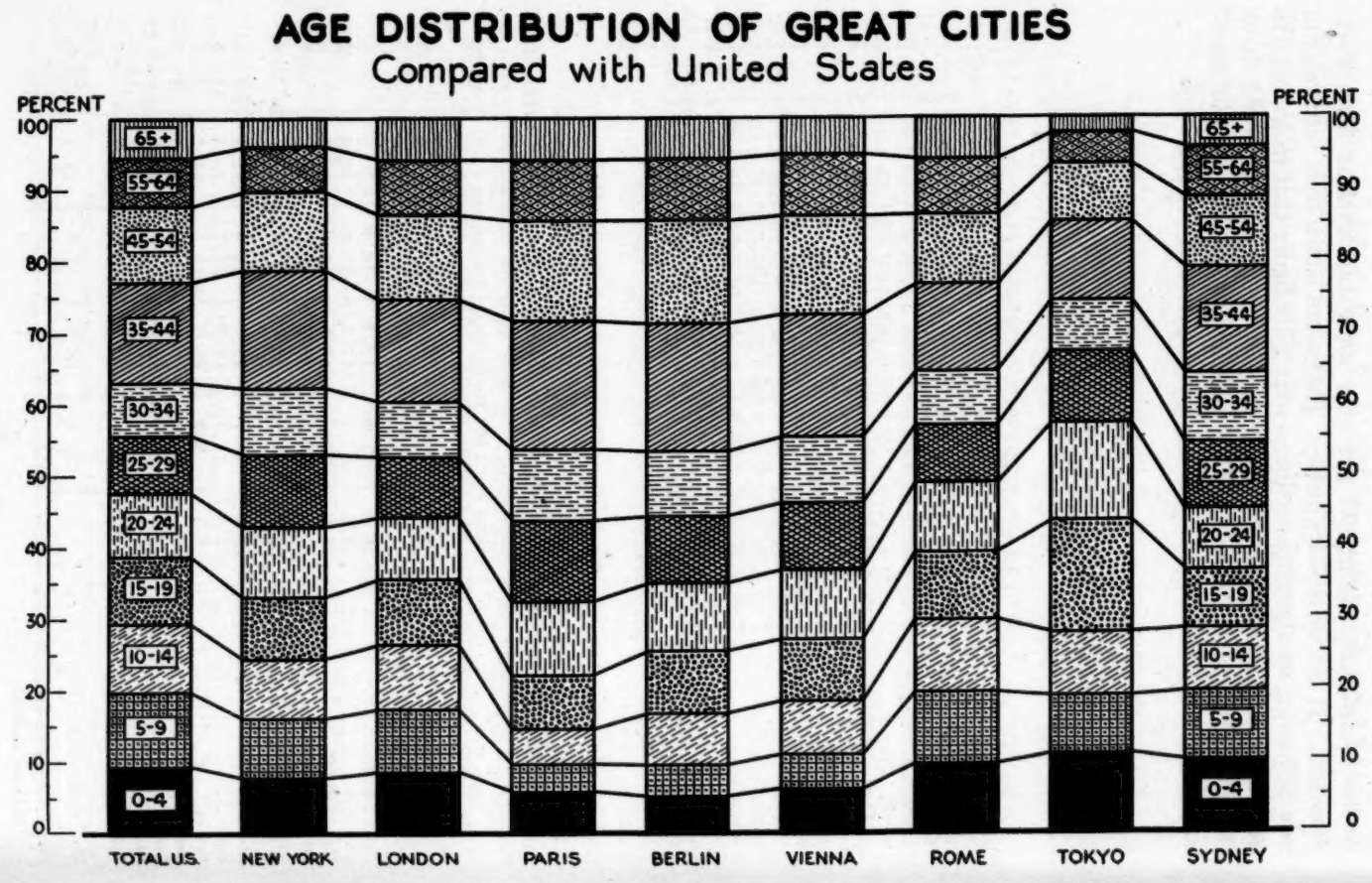
City	0–4	5–9	10–14	15–19	20–24	25–29	30–34	35–44	45–54	55–64	65–74	75 and Over
New York, 1930	7.74	8.34	8.31	8.65	9.93	10.05	9.38	16.46	11.02	6.31	2.96	.86
Chicago, 1930	7.57	8.14	8.41	8.68	9.64	9.77	9.19	17.29	11.08	6.24	3.08	.91
Philadelphia, 1930	7.61	8.65	8.68	8.68	9.33	8.96	8.48	15.80	11.39	7.36	3.77	1.29
Detroit, 1930	9.35	9.45	8.50	7.85	9.67	10.86	10.24	17.59	9.37	4.41	2.04	.66
Los Angeles, 1930	6.37	7.00	6.27	6.83	8.83	9.93	9.44	17.47	13.30	8.31	4.54	1.72
London, 1921	8.39	8.92	9.13	9.06	8.71	8.35	7.76	14.34	11.88	7.68	4.19	1.61
Paris, 1926	5.65	3.83	5.05	7.50	10.39	11.25	9.90	18.14	13.86	8.54	4.35	1.54
Berlin, 1925	4.96	4.44	7.22	8.81	9.47	9.31	9.16	17.84	14.25	8.94	4.28	1.32
Vienna, 1923	6.04	4.70	7.51	8.76	9.65	9.50	9.11	17.17	13.76	8.62	4.18	1.00
Rome, 1921	9.40	10.07	10.09	9.39	9.77	8.12	7.60	12.20	9.64	7.86	4.42	1.45
Sydney, 1921	9.92	9.79	8.70	8.07	8.55	9.34	9.62	14.73	9.92	7.07	3.17	1.12
Tokyo, 1930	10.80	8.19	8.78	15.71	13.63	9.96	7.24	10.96	8.05	4.32	1.84	.52
Total United States, 1930.	9.33	10.28	9.79	9.42	8.86	8.02	7.43	14.02	10.61	6.84	3.85	1.56

TABLE II

Birthrates and Deathrates of World Capitals and Great Cities

City	Births per 1,000 Population			Deaths per 1,000 Population		
	1931	1930	1929	1931	1930	1929
New York	16.3	17.6	18.1	10.9	10.8	11.3
Chicago	15.3	17.1	17.7	10.4	10.4	11.2
Philadelphia	17.0	18.3	18.1	11.9	12.5	13.0
Detroit	17.3	20.8	22.3	8.2	9.3	10.9
Los Angeles	13.3	14.3	14.5	10.8	11.2	11.4
London	15.0	15.7	15.7	12.4	11.4	13.8
Paris	14.4	14.7	14.8	13.7	13.3	15.1
Berlin	8.7	9.9	10.0	11.2	11.2	12.5
Vienna	*	9.4	8.8	*	13.3	13.5
Rome	*	24.0	23.4	*	11.6	14.3
Sydney	16.3	18.6	21.5	9.1	9.1	11.8
Tokyo	*	24.8	*	*	13.2	*
United States Birth Reg. Area	17.8	18.9	18.9	11.1	11.3	11.9

*Data not available.


AGE DISTRIBUTION OF GREAT CITIES
Compared with United States
PERCENT
PERCENT
100
90
80
70
60
50
40
30
20
10
0
65+
55-64
45-54
35-44
30-34
25-29
20-24
15-19
10-14
5-9
0-4
TOTAL U.S.
NEW YORK
LONDON
PARIS
BERLIN
VIENNA
ROME
TOKYO
SYDNEY

The Chances of Dying from Diphtheria

AMONG the outstanding triumphs of preventive medicine in the twentieth century is the control gained over diphtheria. With the single exception of typhoid fever, there has been a greater per cent. reduction in the deathrate from diphtheria, since the beginning of the century, than from any other disease. The signal success that has been scored in this field is reflected in the great diminution that has taken place in the risk, as measured by the chances per thousand, of dying from this disease.

Diphtheria being almost exclusively a childhood disease, the risk of eventually dying from this cause falls to a very low figure at adult ages. But at birth, in the year 1920, the chances of eventually falling a prey to this disease were 7.1 per thousand for white males and 6.7 per thousand for white females. In 1925, the corresponding chances were reduced by almost 50 per cent., namely, to 3.9 and 3.7 respectively. In our last census year, 1930, these figures had fallen to 2.4 and 2.3, practically one-third of the figure for 1920. We have here a reduction by 66 per cent. of the initial value, in the brief course of a decade. Today, the probabilities are undoubtedly lower, although the computations have not as yet been made.

While, from the standpoint of importance as a cause of death, the interest in diphtheria is concentrated almost wholly at the younger ages, an inspection of the figures at adult ages brings out a feature of singular interest. It will be noted in the table below, that, small as are the probabilities of dying from this

Chances per 1,000 of Eventually Dying from Diphtheria. United States Death Registration States of 1920, in 1920, 1925, and 1930. White Persons, by Sex

Age	White Males			White Females		
	1920	1925	1930	1920	1925	1930
0	7.1	3.9	2.4	6.7	3.7	2.3
1	7.2	3.9	2.4	6.8	3.7	2.3
2	6.3	3.4	2.1	6.1	3.3	2.0
3	5.3	2.9	1.7	5.3	2.8	1.7
4	4.3	2.4	1.4	4.4	2.3	1.4
5	3.5	1.9	1.1	3.7	1.9	1.2
10	1.1	.6	.3	1.5	.8	.5
15	.5	.3	.2	.8	.5	.4
20	.4	.3	.2	.6	.4	.3
25	.3	.2	.2	.6	.3	.3
30	.3	.2	.1	.5	.3	.3
35	.2	.2	.1	.4	.2	.3
40	.2	.1	.1	.4	.2	.2

disease at ages fifteen and over, they are consistently higher or, in no case lower for white females than for white males. This is a somewhat mournful testimony to the devotion of the female sex to the welfare of the young of the race. For it seems probable that the excess of mortality from diphtheria among adult females, as compared with males of the same age, is due to infection caught by mothers, elder sisters, and nurses, in caring for young children attacked by the disease. It will be noted, that among the younger children themselves, the probability of dying from diphtheria is higher for boys than for girls, so that there is no reason to assume any inherent bias of the female sex toward death from this cause, as compared with males.

The table on page 5 exhibits in greater detail, for white males and for white females, the chances, at the several age periods from one to 40 years, of ultimately dying from diphtheria.

Smallpox in the United States and Canada, 1932

THERE has been a marked and gratifying decline in the amount of smallpox during the last three years. In 1930, the number of cases reported in 44 states, the District of Columbia, and 8 Canadian Provinces totaled 46,654; in 1931, they numbered 29,493; and in 1932, only 13,121. In other words, the incidence of this disease decreased about 37 per cent. in 1931, and 56 per cent. in 1932; since 1930, there has been a total decline of 72 per cent. No single incident would give American and Canadian public health workers greater satisfaction than to accomplish the final eradication of this unnecessary and preventable disease.

It is significant that over 90 per cent. of the 12,784 cases reported in the United States in 1932 occurred in less than half of the 44 states. South Dakota, alone, reported almost 1,800 cases, equivalent to the extremely high case rate of 255 per 100,000 population. If this rate had prevailed throughout the country, there would have occurred 318,000 cases of smallpox in the United States during 1932.

The case of Vermont is unique. In this state, the fourth smallest in the Union in respect to population, there have been reported, during the last four years, over 900 cases of smallpox. This is particularly significant in view of the fact that Vermont is surrounded by territory which has been singularly free from this disease for at least a decade. This territory, comprised of the rest of New England, New York and the Province of Quebec, with nearly 24 million inhabitants, reported only 345 cases of smallpox during 1932. Vermont, on the other hand, with a population of only 361,000, reported 254 cases. In other words, in Vermont there were 70 cases of smallpox for every 100,000 inhabitants; in the neighboring territory

there was only one case for every 100,000 persons exposed to the disease. It is significant that Vermont has no compulsory vaccination law on its statute books. It is in this and other states where the routine vaccination of children is neglected that smallpox still lingers to plague public health workers.

The disease as reported throughout the United States and Canada was generally of the mild discreet type, with an average case-fatality rate of about 3 per 1,000 cases. An outstanding exception was recorded in Vancouver, B. C. Here, and in the nearby vicinity, during the early months of 1932, there occurred 56 cases of smallpox, 29 of which were definitely identified as of the confluent, virulent type. Before the outburst was brought under control, 16 persons, after prolonged physical suffering, succumbed to the disease. Only one additional death from smallpox was registered in 8 Canadian provinces last year. Of the total of 56 cases in Vancouver, 39, or 70 per cent., had never been successfully vaccinated prior to infection. The remaining 17 had been vaccinated from 15 to 55 years previously, their immunity having diminished almost to the vanishing point during this long period. No one contracted the disease who had been vaccinated within 15 years. The outbreak was finally brought under complete control through the wholesale vaccination of the population.

This epidemic is most illuminating, for it shows what may happen to a community in which anti-vaccination propaganda has been rife. One can readily picture conditions in South Dakota, for example, if the same case-fatality rate had prevailed there as was recorded in Vancouver (286 deaths per 1,000 cases). In that event, there would have occurred in the state of South Dakota, 514 deaths from smallpox during 1932, almost as many deaths as are caused there each year by cancer, and equaling the combined annual deathrate from tuberculosis, appendicitis, and puerperal causes.

Smallpox Cases, Deaths, and Case-Fatality Rates, Years 1930-1932, for 44 States, District of Columbia and 8 Canadian Provinces

Area	1932			1931			1930		
	Cases	Deaths	Deaths per 100 Cases	Cases	Deaths	Deaths per 100 Cases	Cases	Deaths	Deaths per 100 Cases
United States and Canada..	13,121	58	.44	29,493	97	.33	46,654	159	.34
United States (44 States and District of Columbia)	12,784	41	.32	28,628	95	.33	45,390	157	.35
Canada (8 Provinces).....	337	17	5.04	865	2	.23	1,264	2	.16

Smallpox Cases, Deaths, and Case-Fatality Rates, for the Years 1930-1932, for 627 United States Cities and 85 Canadian Cities

Area	1932			1931			1930		
	Cases	Deaths	Deaths per 100 Cases	Cases	Deaths	Deaths per 100 Cases	Cases	Deaths	Deaths per 100 Cases
United States and Canadian Cities (712)	3,122	24	.77	7,592	12	.16	11,661	19	.16
United States Cities (627)	2,996	9	.30	7,111	12	.17	11,235	19	.17
Canadian Cities (85)	126	15	11.90	481	0	0	426	0	0

Selected States and Canadian Provinces Showing Above-Average Prevalence of Smallpox During the Year 1932

Area	No. of Cases	Cases per 100,000 Population	Area	No. of Cases	Cases per 100,000 Population
Total 18 States	10,610	27	Ohio	1,017	15
			Oklahoma	533	22
Alabama	464	17	Oregon	395	40
Arkansas	360	19	South Dakota	1,797	255
Idaho	176	39	Tennessee	529	20
Indiana	393	12			
Iowa	1,171	47	Texas	1,035	17
			Vermont	254	70
Kentucky	812	31	Washington	635	39
Mississippi	345	17			
Montana	142	27	Canada		
Nebraska	307	22	British Columbia	57	8
North Dakota	245	36	Saskatchewan	163	17

Selected Cities in the United States and Canada Showing High Prevalence of Smallpox in 1932

City	No. of Cases	Cases per 100,000 Population	City	No. of Cases	Cases per 100,000 Population
United States			Lincoln, Neb.	26	31
Mobile, Ala.	85	120	Omaha, Neb.	100	46
Los Angeles, Calif.	128	9	Poughkeepsie, N. Y.	61	150
San Francisco, Calif.	66	10	Columbus, Ohio	61	20
San Jose, Calif.	42	68			
Bridgeport, Conn.	33	22	Middletown, Ohio	48	154
			Youngstown, Ohio	116	66
Fairfield, Conn.	15	81	Eugene, Ore.	12	58
Boise, Idaho	176	816	Portland, Ore.	176	57
East St. Louis, Ill.	46	61	Memphis, Tenn.	39	15
Moline, Ill.	30	92			
Anderson, Ind.	30	72	Fort Worth, Texas	92	54
			Bennington, Vt.	13	175
Council Bluffs, Iowa	399	917	Burlington, Vt.	17	67
Des Moines, Iowa	153	105	Seattle, Wash.	64	17
Dubuque, Iowa	283	671	Tacoma, Wash.	51	47
Sioux City, Iowa	70	87	Yakima, Wash.	72	320
Fitchburg, Mass.	35	86			
Kalamazoo, Mich.	53	95	Canada		
			Prince Albert, Sask.	54	104

Health Record for April, 1933

HEALTH conditions among the Metropolitan Industrial policyholders in the United States and Canada were better in April, 1933, than in any previous April on record. In fact, the deathrate for the month (8.3 per 1,000) has never been even closely approached among the many millions of men, women and children who constitute this insured group. It is 12.6 per cent. below the previous April minimum. Among insured Canadians, the April mortality rate dropped to the astonishingly low figure of 7 per 1,000, a decline of nearly 25 per cent. since last year. In Canada, indeed, the cumulative deathrate, up to the end of April, is also well below the previous minimal figure. In the United States, the year-to-date mortality rate is still slightly higher than at this time in 1932, despite the marked improvement which has obtained since influenza and pneumonia caused so many deaths in January and February.

Although only one-third of the year has elapsed, the record for some of the causes of death is already so clear-cut that, barring altogether unlikely developments during the rest of the year, public health workers may expect to see 1933 register new low points in the mortality from several of the important controllable diseases. Tuberculosis, for which the rate has been dropping continuously for many years, shows a year-to-date deathrate 7.6 per cent. below that for the like period in 1932. The cumulative figure for diphtheria is only 2.7 per 100,000; last year at this time it was 5.3. The pneumonia rate, despite the high mortality of the early weeks, is actually lower than at this time in 1932—and pneumonia recorded a lower deathrate in that year than ever before. Two other important items, diarrheal diseases and puerperal conditions, also show unprecedentedly low mortality rates. The former, however, invariably has its highest incidence in summer; and it is thus possible that the picture may become less favorable later on in the year. The reduction in the puerperal deathrate may be due, entirely to the declining birthrate. Other causes of death which have a fair chance to record new minima this year are typhoid fever, whooping cough, homicides and accidents.

Large increases for influenza, cancer, diabetes and heart disease constitute the more unfavorable developments of the year to date. The influenza situation, however, has adjusted itself, as the deathrates for both March and April were well below those for last year. The cancer mortality rate continues to rise, although current indications point to a less sharp increase than was observed in both 1932 and 1931. A new maximum for diabetes is almost inevitable and the same is true for heart disease. The suicide deathrate is nearly 4 per cent. higher than at this time last year; but it is not apt to reach the levels which prevailed among insured wage earners

of the United States in the years prior to the World War.

The deathrate in the large cities of the United States for April was 11.3 per 1,000 estimated population, as compared with 11.8 in March, and 12.5 in April of last year. The April deathrate in the general population, like that among the insured wage earners, was much lower than ever before recorded for that month. The diseases which increased in prevalence during April were measles, poliomyelitis, smallpox and typhoid fever; those which declined were diphtheria, influenza and scarlet fever. Comparison with April a year ago shows more sickness from measles and scarlet fever, but fewer cases of diphtheria, influenza, poliomyelitis, smallpox and typhoid fever were reported.

Reports from thirty-eight states show that measles cases increased from 59,160 in March to 68,603 in April. Massachusetts, New Jersey, North Carolina, Ohio and Texas were the states to show the largest increases in sickness from measles.

The following particularly noteworthy public health activities were reported: A comprehensive clinic for the treatment of epidemic encephalitis has been established at the DIXON, ILLINOIS, STATE HOSPITAL. A new test of carbon monoxide was discovered by DRS. ADAM A. CHRISTMAN and ROBERT T. MASUHARA which makes possible the quantitative determination of carbon monoxide in the blood, even when gas is present in only minute amounts. It has been announced that the SAN FRANCISCO HEART COMMITTEE of the County Medical Society, the SAN FRANCISCO TUBERCULOSIS ASSOCIATION AND THE HEALTH COUNCIL of the Community Chest will hold a weekly institute on heart disease. Press reports announce the formal opening of the KATE DEPEW STRANG CLINIC for cancer and allied diseases. The clinic is the gift of DR. ELSIE STRANG L'ESPERANCE and Miss MAY STRANG. Their gift of about $30,000 will provide for its maintenance for two years.

In Boston, the SEVENTH HEALTH UNIT was established. These units are educational institutions functioning for the training of the public in health conservation. Cancer clinics have been established in three large Maine hospitals as a part of the plan for cancer control in that state. The NATIONAL BOARD OF MEDICAL EXAMINERS has adopted rules concerning the acceptance of students trained in European medical schools. Candidates for the Board's diploma must have graduated from a four-year medical course in Europe and must have obtained licenses to practice medicine in the country in which the medical schools from which they graduated are located. The LEON COUNTY, FLA., HEALTH UNIT has extended its campaign to eradicate malaria. Drainage projects are already under way in a number of Leon County communities.

The following table shows the mortality among Industrial policyholders for April, 1933; March, 1933, and April, 1932, together with the cumulative rates for the first four months of each year.

METROPOLITAN LIFE INSURANCE COMPANY

Deathrates per 100,000 for Principal Causes. Weekly Premium-Paying Business in Industrial Department. All Ages (Annual Basis).*

MONTHS OF APRIL, 1933; MARCH, 1933, AND APRIL, 1932

CAUSES OF DEATH	ANNUAL RATE PER 100,000 LIVES EXPOSED*				
	April 1933	March 1933	April 1932	Cumulative Jan.-April	
				1933	1932
TOTAL—ALL CAUSES	829.4	959.8	948.8	961.6	934.5
Typhoid fever	.8	.8	.6	.8	1.1
Measles	3.8	2.3	2.4	2.2	2.7
Scarlet fever	3.9	3.8	4.6	3.9	4.0
Whooping cough	1.7	2.8	4.9	2.6	3.9
Diphtheria	2.2	1.8	4.5	2.7	5.3
Influenza	16.0	28.0	36.8	45.1	30.3
Tuberculosis (All forms)	61.6	73.3	78.0	68.1	73.7
Tuberculosis of respiratory system	54.9	65.6	68.3	61.3	65.5
Cancer (All forms)	81.4	93.7	89.3	92.3	89.1
Diabetes mellitus	24.3	26.6	24.9	27.9	24.5
Cerebral hemorrhage; apoplexy	61.2	75.3	65.6	70.9	67.5
Diseases of heart†	160.5	182.6	167.8	184.5	168.3
Pneumonia (All forms)	72.6	89.9	96.7	95.0	96.2
Other respiratory diseases	11.1	10.9	10.2	11.8	11.3
Diarrhea and enteritis	7.2	7.0	8.4	7.0	8.2
Chronic nephritis (Bright's disease)	64.4	74.3	72.8	72.6	73.6
Puerperal state—total	9.8	10.1	10.2	10.4	11.0
Suicides	9.8	11.2	11.6	10.6	10.2
Homicides	6.2	5.4	5.9	5.9	6.3
Accidents—total	41.7	48.5	49.4	49.1	49.7
Automobile accidents	14.0	16.4	15.9	16.6	17.6
All other diseases and conditions	189.5	211.5	204.2	198.1	197.5

*The rates for 1933 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†Excludes pericarditis, acute endocarditis, acute myocarditis and angina pectoris.

Correspondence on the subjects discussed in these BULLETINS may be addressed to: The Editor,

STATISTICAL BULLETIN,

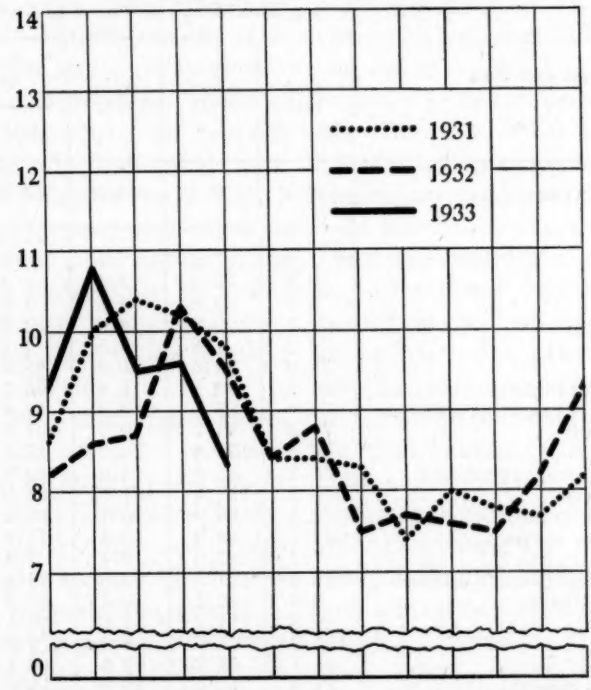
Metropolitan Life Insurance Company,

1 Madison Avenue, New York City

DEATHRATES FROM ALL CAUSES

in the Metropolitan Life Insurance Company
Industrial Department

DEATHRATE PER 1,000—ANNUAL BASIS



1931	10.0	10.4	10.2	9.8	8.4	8.4	8.3	7.4	8.0	7.8	7.7	8.2
1932	8.6	8.7	10.3	9.5	8.4	8.8	7.5	7.7	7.6	7.5	8.2	9.3
1933*	10.8	9.5	9.6	8.3								

**Rates for 1933 are provisional.*

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